

TOP TEN LIST

TEN BEST WAYS TO PROMOTE STATE-BASED BIRTH DEFECTS SURVEILLANCE BADLY

With apologies to David Letterman, and thanks for editorial assistance to Elizabeth Kirby and for their insights to the following Internet contributors:

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R.S. Kirby, November 2004, updated January 2005

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Number 10

Shop at the Emperor's New Clothing Emporium

Solve the problem of interstate exchange of records:

Your own medical information can become the gold standard for how a "public" health record can be easily shared between states.



But, be careful with whom you sit . . .



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Number 9

A Bird's Eye View

Schedule state site visits to coincide with birding, food or music festivals, skiing, and other activities.

There's a moral here: annual fall visits to Wisconsin's Horicon Marsh could make all the difference!

Addendum to Number 9

Who, Me?

Take a bird's eye view of the field. Become the Martha Stewart of proper Listserv usage.

If by chance you commit a 'faux pas' yourself, just send out another email saying "Did I really do that?"

Number 8

Coca-Cola, Diet Coke, Vanilla Coke,
Caffeine Free Diet Coke . . .

There are a limited number of terms describing key activities in this field. Use each of them over and over again, irrespective of any confusion the resulting acronyms might create.

National Birth Defects Prevention Network = **NBDPN**

National Birth Defects Prevention Study = **NBDPS**

No problem!

Number 7

It Comes with the Territory

Promoting state-based birth defects surveillance isn't all work and no play.

After a few years, you can say:

"I'm personally responsible for more than 3/4s of the births in the United States!"

(At least, in terms of birth defects surveillance . . .)

Number 6

I Just Come Here to Listen to the Music

Only after retirement, become the road manager and booking agent for the best ensemble in our field, the **Amniotic Band**.

Bookings will be hard to come by, but there will be plenty of time for birding, skiing, and other leisure-time activities.



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Number 5

The Thong is Over, but the Malady Lingers On

State-based birth defects surveillance is best supported by technical experts or consultants. Always remember the textbook definition of “consultant”:

The person who traveled the farthest to get to the meeting, and who will leave all the follow-up work to others and go home.

Corollary to Number 5

Insist on Proper Oversight of Grants.

Never scrutinize state's requests on how to spend carryover funds.

For example...

North Carolina's new \$300,000 portable GPS device with deluxe protective carrying case.

(Justification: "will help with geocoding cases and controls")

\$280,000!



Number 4

The more, the merrier

Avoid becoming entangled in epidemiologic triangles, . . .

but tetralogies are appropriate subjects for birth defects epidemiology.

Number 3

What's Next?

Epidemiologists never retire, they just gain the degrees of freedom they never had but always wanted.

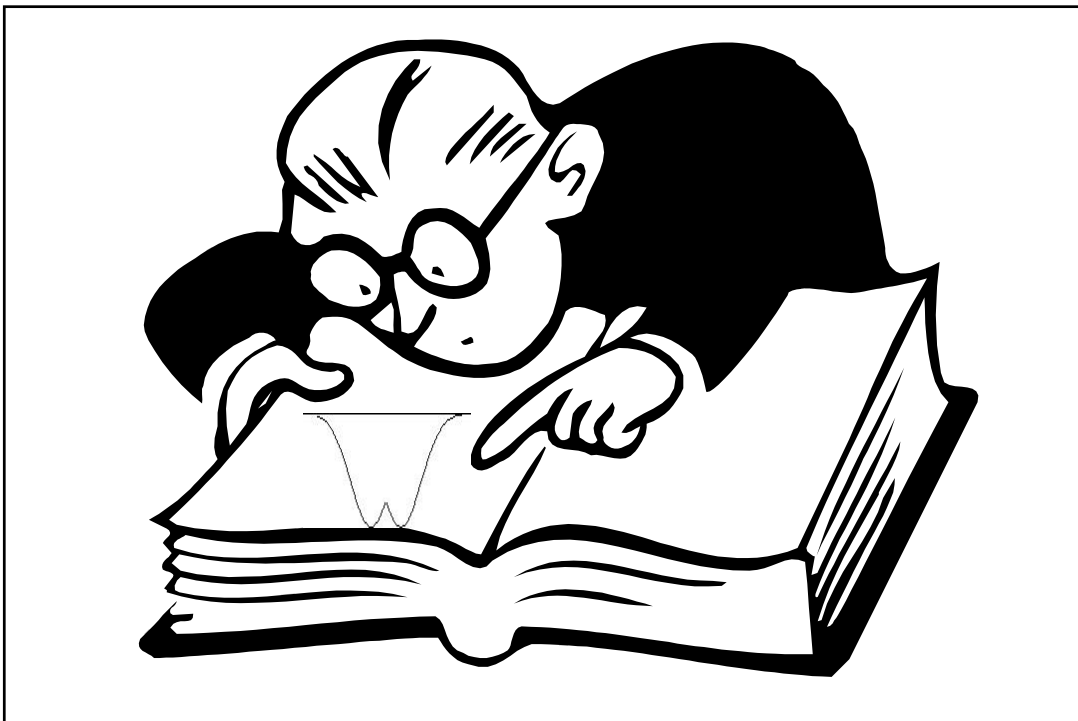
In Larry's case, his next Pubmed searches might yield:

- the location of his favorite pub, and a list of his medications (beer and ale are purely for medicinal purposes); or
- Gene-environment interaction: Larry fly-fishing or birding wearing blue jeans

Number 2

Sittin' on the Empirical "Dock of the Bayes"

Where else but in a career at CDC could you spend more than 30 years studying, commenting on, and even publishing your observations on the posterior distributions of others?



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Number 1

The Grand Plan

Priorities and objectives are everything, but they needn't be stated:

Focus first on establishing programs in Hawaii and Puerto Rico, and visit each at least twice per year.

Then, work with Colorado and Utah in the winter, and Montana, Maine, and Alaska during the summer months.

Occasionally, but not too often, hold the NBDPN annual meeting in Atlanta, but just for appearance's sake.